

**California Department of Human Resources
Memorandum**

TO: Personnel Management Liaisons (PML)

SUBJECT: 2013 Open Enrollment Period for Dental, Vision, FlexElect, and Consolidated Benefits (CoBen) Programs, 2014 Dental and Vision Plan Premiums, and 2014 CoBen Allowance	REFERENCE NUMBER: PML - 2013-028
DATE ISSUED: 9/3/2013	SUPERSEDES:

This memorandum should be forwarded to:

**Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff**

FROM: California Department of Human Resources
Benefits and Training Division

CONTACT: Lisa Hatten, Program Manager
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Email: lisa.hatten@calhr.ca.gov

This memo provides important information on the 2013 Open Enrollment for the Dental, Vision, FlexElect, CoBen Programs, 2014 Dental and Vision plan premiums, and 2014 CoBen Allowance. Please make sure employees know about the open enrollment period and the information contained in this memo.

The following attachments are provided to distribute to employees:

Attachment A – Memorandum to All State Employees (Open Enrollment)

Attachment B – Dental and Vision Plan Options and Benefit Cost Comparison

Attachment C – 2014 Dental and Vision Plan Premiums

Attachment D – 2014 COBRA Group Continuation Coverage for Dental and Vision Plan Premiums

OPEN ENROLLMENT

Open Enrollment for Dental, Vision, FlexElect, and CoBen is September 16 through October 11, 2013. Enrollments and changes made during this period are effective January 1, 2014. For dental and vision, eligible employees may enroll, cancel, or change plans, and add/delete dependents. For FlexElect and CoBen, eligible employees may enroll, cancel, or change their current options. No action is necessary for currently enrolled employees who don't want to change their FlexElect Cash Option, CoBen Cash Option, and/or dental enrollment. **However, Permanent Intermittent (PI) employees must re-enroll in the FlexElect/CoBen Cash Option during open enrollment if they want to remain in the program next year. Additionally, employees who want to continue enrollment next year in a FlexElect Reimbursement Account must re-enroll during open enrollment.** Please note, the yearly amount for the FlexElect medical reimbursement accounts continues to be \$2,500 per participant for 2014. The FlexElect handbook will be available by Open Enrollment for further details.

Completing the Open Enrollment Forms

Dental

Permitting Event Date	Permitting Event	Permitting Event Code	Effective Date
9/16/13	New Enrollment	03	1/1/14
	Add or Delete Dependents	15	1/1/14
	Change of Plan	28	1/1/14
	Change of Plan and Add or Delete Dependents*	29	1/1/14
	Voluntary**	41	1/1/14

*Permitting Event Code 29 may be done on one document only during open enrollment.

**Use this code when cancelling dental and enrolling into FlexElect or CoBen Cash. Submit dental cancellation form and FlexElect/CoBen Cash enrollment forms stapled together as a package to SCO.

FlexElect/CoBen

Permitting Event Date	Permitting Event	Permitting Event Code	Effective Date
N/A*	Leave Blank	Leave Blank	1/1/14

*No permitting event date is needed for FlexElect and CoBen cash enrollment documents.

Deadlines

Last day for employees to sign and submit open enrollment forms to personnel offices.	10/11/13
Last day for personnel offices to receive enrollment forms from employees (as shown on enrollment forms).	10/25/13
Last day for State Controller's Office (SCO) to receive all open enrollment forms from personnel offices.	11/8/13
Last day for SCO to receive open enrollment forms previously returned to departments for correction (in order to be reflected on the 1/1/14 pay warrant).	11/29/13
Last day for SCO to receive FlexElect and CoBen open enrollment forms reflecting cancellation or changes (forms signed/submitted to personnel office by 12/31/13). The effective date will be retroactive to 1/1/14.	1/10/14

DENTAL PROGRAM

Employees who enroll in or make changes to their dental coverage during open enrollment may cancel or change their election until October 11, 2013. A new STD. 692 must be completed and signed by the employee by October 11, 2013. In the remarks section of a new STD. 692, indicate the type of action taken and attach a copy of the original form that was previously sent to SCO during the open enrollment period. **It is not an option to rescind a dental enrollment/change by submitting a copy of the original STD 692 marked "rescind."**

Employees may not cancel or change a dental election after the end of the open enrollment period unless they experience a valid change in status.

Eligible employees, who are off active pay status during the entire open enrollment period, may contact their personnel office during the open enrollment period to make changes to their dental enrollment or may wait and make changes within 60 days after returning to active pay status.

Retroactive premiums for mandatory cancellations and/or deletions to employee dental coverage will be reimbursed for a maximum period of six months. This limitation impacts all mandatory cancellations and/or deletions to employee State-sponsored dental coverage. Employees should check their dental coverage and ensure that only eligible dependents are enrolled.

Dental Carriers

CalHR contracts with the following dental carriers to provide dental insurance for eligible rank and file employees (except those in Bargaining Unit (BU) 6); excluded employees; and retirees/annuitants:

- Delta Dental
- DeltaCare USA
- Premier Access
- SafeGuard
- Western Dental

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members; however, its members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) offers dental insurance to BU 6 employees who are CCPOA dues paying members or those who are under Fair Share. Represented employees in BU 5 and 6 should be advised to contact their Benefits Trust for information regarding their union-sponsored dental plan premiums and benefits. Dental premiums for union-sponsored plans are listed on Attachment C.

Delta Dental Plan Restriction

Except as noted below, if an employee wants to enroll in dental coverage, they must enroll in a State-sponsored prepaid dental plan during their first 24 months of State service. At the end of this 24-month period, employees who wish to enroll in the Delta Dental Premier or Delta Dental Preferred Provider Option (PPO) plan have 60 days to do so. Those employees who choose not to enroll in a prepaid plan may elect a Delta Dental plan within 60 days after completing the 24-month restriction period, unless they enrolled in the FlexElect or CoBen Cash Option for dental. This enrollment is available outside of the open enrollment period.

The following employees are **not** subject to the 24-month restriction:

- represented employees in BUs 2, 7, 8, 16, 17, 18, and 19;
- excluded employees;
- employees who were previously State employees for 24 consecutive months (without a permanent break in service during the 24 months).

CAHP Dental Plan Restriction

Employees in BU 5 who are restricted to a State-sponsored prepaid dental plan must complete 24 months of State service before they are allowed to enroll in the union-sponsored indemnity Blue Cross Dental plan. At the end of the 24-month restriction period, employees have 60 days to enroll in their union-sponsored Blue Cross Dental plan if they choose to do so. This enrollment is available outside of the open enrollment period.

CCPOA Dental Plan Restriction

Employees in BU 6, who are restricted to the union-sponsored prepaid plan, Western Dental, must complete 12 months in the prepaid plan before they are allowed to enroll in the union-sponsored indemnity dental plan, Primary Dental. At the end of this 12-month period, employees have 60 days to enroll in the union-sponsored indemnity dental plan if they choose to do so. This enrollment is available outside of the open enrollment period.

CCPOA Dental Plan Eligibility

Under agreement between the California Department of Human Resources and the CCPOA Benefits Trust, employees with the California Department of Corrections and Rehabilitation in supervisory (S06), managerial (M06), excluded (E06), or confidential (C06) classifications have the option to elect CCPOA Benefit Trust Fund (BTF) Primary dental plan as well as State sponsored dental plans. Rank and file employees in BU 6 who promote will continue to have the option to remain in their CCPOA Primary dental plan, or change to one of the excluded classifications designated under BU 6.

Employees in these classifications wanting to change their enrollment into the CCPOA BTF Primary dental plan may do so during the scheduled 2013 open enrollment period occurring September 16 through October 11, 2013.

Questions regarding the CCPOA dental plans, including coverage and benefits questions, must be directed to the CCPOA at 1-800-468-6486.

Dental Premiums

Premiums will decrease for the Delta Premier and the Delta Preferred Provider Option (PPO) dental plan effective January 1, 2014. All other dental plan rates will remain the same.

Attachment C reflects the dental premiums that are effective January 1, 2014.

Impact on Employees Not in Consolidated Benefits

Employees not in CoBen, who are enrolled in either Delta Premier or Delta PPO, will see a reduction in their out-of-pocket premium on their January 1, 2014, pay warrant (December 2013 pay period).

Impact on Employees in Consolidated Benefits

Represented employees in BUs 2, 7, 8, 16, 17, 18, and 19, and excluded employees are in CoBen. Employees in CoBen pay the total dental premium with their CoBen benefit allowance.

For employees in CoBen, the State's share and employee's share do not apply. Therefore, upon completing dental forms, use the total premium amount as the amount deducted from the employee's CoBen allowance.

Evidence of Coverage (EOC) Booklets, Participating Dental Provider Lists, and Membership Cards

It is recommended that a small supply of EOC booklets and participating provider lists from the dental plans be requested from all of the plans to have available in personnel offices for employees. Please advise those employees in BU 5 and 6 to contact their Benefits Trust for information on claim forms, EOCs, participating dental provider lists, and membership cards.

Affidavit for Domestic Partners Being Claimed As Economic Dependents (CalHR 680)

As a reminder, the affidavit for domestic partners being claimed as economic dependents (CalHR 680 form) must be completed and retained in the employee's personnel file for employees who enroll domestic partners as dependents on their State dental plans. Dental enrollment forms must note the CalHR 680 is on file to advise the State Controller of this status. The CalHR 680 form is available through the CalHR website. Employees adding domestic partners to their plans, when the domestic partners are not economic dependents in the employee's household (no CalHR 680 on file), will be subject to the value of the additional benefits received by a domestic partner and will be added to an employee's taxable income.

For more information regarding the purpose of the CalHR 680, please refer to the Benefits Administration Manual (BAM) Dental Section 500.

FLEXELECT

Changes for 2014

- ✓ Recent Federal court decisions now allow same-sex marriage within California to be legally recognized. This will change the current restrictions on payment of reimbursement claims for same-sex partners. You may now be reimbursed for medical and/or dependent care claims for a same-sex partner.
- ✓ The Administrative Fee for the FlexElect Program (Reimbursement Accounts and Flex Cash) has been reduced from \$2.50 per month to \$1.00 per month.

CalHR mails an open enrollment notification to the homes of employees currently enrolled in a FlexElect Reimbursement Account, as a reminder that they must re-enroll during open enrollment if they want to participate in a reimbursement account in 2014. CalHR also sends personnel offices a list of employees in each department who are enrolled in a 2013 FlexElect Reimbursement Account. Please send employees a reminder that they must re-enroll during open enrollment if they want to participate in a reimbursement account in 2014.

When an employee wants to cancel his/her Cash Option enrollment and re-enroll in dental and/or medical coverage, the personnel office needs to ensure that a Cash Option cancellation form is attached to the dental and/or medical enrollment form for SCO processing.

Employees who enroll in or make changes to their FlexElect election during the open enrollment period and employees, who are automatically re-enrolled into the Cash Option, are allowed by Internal Revenue Code 125 to cancel or change their elections until December 31, 2013. A new STD. 701C, STD. 701R, or STD. 702 must be signed and submitted by the employee by December 31, 2013. Once the new plan year begins, employees may not cancel or change their FlexElect/CoBen enrollment unless they experience a valid change in status.

If no cancellation of dental benefits is received by personnel by December 31, 2013, for employees enrolling into cash in-lieu of dental, personnel offices will need to submit a STD. 692 to SCO for dental plan disenrollment with an attached copy of the Cash Option enrollment form.

The 2014 FlexElect handbook will be available by Open Enrollment and can be downloaded from CalHR's website at www.calhr.ca.gov. Please refer to BAM Section 700 for information regarding FlexElect and processing instructions for open enrollment forms.

Reminder:

State employees, who are dependents on their parent's benefits, if their parent is a State employee, **are eligible to enroll in the FlexElect Cash Option or CoBen Cash Option in lieu of coverage.**

CONSOLIDATED BENEFITS

All excluded employees and represented employees in BUs 2, 7, 8, 16, 17, 18, and 19 are in CoBen. Some bargaining units are subject to dependent health vesting. Employees in CoBen pay the total dental premium with their CoBen allowance. The CoBen allowances are listed on Attachment A. However, the collective bargaining process is fluid and changes may be agreed to which could alter these amounts and dependent health vesting levels. CalHR will notify departments if there are subsequent changes to these rates.

Employees who enroll in CoBen Cash Option during the open enrollment period and employees who are automatically re-enrolled in CoBen Cash Option have until December 31, 2013, to cancel their enrollment or make changes.

The 2014 CoBen handbook will be available by Open Enrollment for download from CalHR's website at www.calhr.ca.gov. Please refer to the BAM Section 1600 for information regarding CoBen and processing instructions for open enrollment forms.

Dependent Health Vesting

Dependent health vesting provides employees a reduced employer health benefits contribution toward dependent coverage during their first 12 or 24 months of service.

Employees in BUs 1, 3, 4, 11, 14, 15, 17, 20, and 21 not previously eligible for health benefits under State civil service, receive:

- 75 percent of the employer contribution for dependent health coverage during the first 12 months of service.
- After completing 12 months of service, employees receive the full employer contribution for dependent health coverage.

Employees in BUs 2, 7, 10, 12*, 13, 16, 18, and 19* not previously eligible for health benefits under State civil service, receive:

- 50 percent of the employer contribution for dependent health coverage during the first 12 months of service.
- 75 percent of the employer contribution for dependent health coverage during months 13 through 24.
- After completing 24 months of service, employees receive the full employer contribution for dependent health coverage.

*Effective July 1, 2014, employees represented by BU 12 or 19 who first become eligible for health benefits enrollment or are receiving 50 percent of the employer contribution for dependent health coverage shall be subject to a 12-month dependent health vesting schedule. Employees will receive 75 percent of the employer contribution for dependent health coverage during the first 12 months of service, and the full contribution after completing 12 months of service.

Implementation of the 12-month dependent health vesting schedule for BU 12 is subject to the economic trigger provision described in section 2.2 Salaries of their MOU.

Dependent Health Vesting Exemption Criteria

An employee must meet all of the following criteria to be exempt from dependent health vesting:

- Previous appointment date prior to January 1, 2007, for employees in BUs 1, 3, 4, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21, and July 1, 2006, for employees in BUs 2 and 7;
- Must be a State civil service appointment (UC and CSU appointments are not State civil service); and

- Employee must have been eligible for State health benefits (it does not matter whether or not the employee actually enrolled in health benefits, as long as they were eligible to enroll).

Please note that information in this section is subject to changes due to the fluid nature of collective bargaining.

Benefits Calculator

The Benefits Calculator on CalHR's website will help employees determine how much will be deducted from their pay warrant, or added to it, based on the health and dental plans chosen. Employees simply click on their health and dental plan choices, and select how many dependents will be covered.

The calculator automatically computes the total cost of the benefits selected and subtracts the amount from the CoBen allowance. The results show whether the employee will have a monthly benefit deduction or receive extra cash. The Benefits Calculator is located at www.calhr.ca.gov (click on Employees, Benefits, and then Health).

VISION PROGRAM

The premium paid to Vision Service Plan (VSP) for basic vision benefits for active employees will remain the same at the rate of \$8.64 and will continue to be fully paid by the State. State employee vision coverage is automatically established for eligible employees and their eligible dependents, and no form is required to enroll, add, or delete dependents during open enrollment. Employees need to continue to ensure that only eligible dependents obtain services under their State-sponsored vision plan.

Premier Vision Plan

All active State employees (with the exception of rank and file BU 6 employees, as their vision benefits are provided by their trust) are eligible to enroll in the Premier Vision Plan for a small monthly premium. The Premier Vision Plan enables State employees to pay additional premiums to get higher allowances for frames and contacts, fully covered progressive lenses, and more discounts. If employees enroll into the Premier Vision Plan, the additional cost of the premium will be deducted directly from the employee's State pay warrant. The State contributes \$8.64 (or it is part of the CoBen allowance), the equivalent of the Basic Plan cost. Both deductions are itemized on the pay warrant stub.

The enrollment period is the same as the Basic Vision Plan, during open enrollment or based on an eligible permitting event. Employees are able to enroll online at www.vsp.com/go/stateofcapremier by completing the online enrollment form, or by completing and mailing the VSP enrollment form they will receive in the mail, or by calling VSP directly at 1-800-877-7195 and speaking with a member service representative. If the employee chooses to upgrade to the Premier Vision Plan, any dependents they wish to

cover must also be enrolled by the employee into the Premier Vision Plan coverage. **They cannot choose to enroll in both the Basic and Premier Vision Plan coverage at the same time, or split their enrollment leaving any dependents on the Basic Vision Plan.** Should an employee turn in the VSP form to their personnel office, please forward the form directly to VSP at:

VSP Vision Care
Attn: Client Administrative Services
PO Box 997100
Sacramento, CA 95899

For personnel offices wanting verification of their employees' Premier Vision Plan enrollment, please request a copy of the enrollment form from your employee, or have your CalHR eligibility call-in delegate contact VSP directly. Personnel offices may also contact CalHR at (916) 322-0300 for further assistance on this or other matters related to this plan.

Premier Vision Plan Premiums

The monthly Premier Vision Plan premiums, including employer/employee shares that remain in effect as of January 1, 2014, are listed on Attachment C.

Retiree Vision Program

VSP will notify State retirees and annuitants regarding the Retiree Vision Program annual Open Enrollment Period, which will coincide with the open enrollment period for Health, FlexElect, CoBen, and Dental benefits. VSP will process all Retiree Vision open enrollment transactions.

PERSONNEL OFFICES

Departmental personnel offices are responsible for the following:

- providing copies of the attached open enrollment memorandum to all employees (Attachment A); along with Attachments B, C, and D;
- making Dental, Vision, FlexElect, and CoBen Program material available or advise employees how to obtain such material;
- assisting employees in completing enrollment/change forms, reviewing, and submitting enrollment forms by the due dates listed in this memo; and
- sending completed enrollment forms and packages to SCO promptly.

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Please assist employees who have questions regarding Open Enrollment for the Dental, Vision, FlexElect, or CoBen Programs. If you need assistance to answer employee questions, please call CalHR Benefits and Training Division at (916) 322-0300.

/s/ Greg Beatty

Greg Beatty, Chief
Benefits and Training Division

Attachments



MEMORANDUM

Date: August 29, 2013

From: Lisa Hatten, Program Manager
Benefits and Training Division
(916) 445.9795; FAX (916) 322.3769

To: State Employees Eligible for Dental, Vision, FlexElect, and Consolidated Benefits (CoBen)

Subject: 2014 Dental and Vision Benefit Plans, Premiums, FlexElect, and CoBen Allowances

Open Enrollment for Dental, Vision, FlexElect, and CoBen is September 16 through October 11, 2013. If you would like to enroll in these benefit programs, or make a change to your current enrollment, please contact your personnel office for the necessary forms.

Open enrollment forms must be signed and submitted to your personnel office no later than October 11, 2013. All open enrollment actions will be effective January 1, 2014.

You do not need to submit anything if you're not making any changes, except for the FlexElect Reimbursement Accounts or the Permanent Intermittent (PI) Cash Option.

Permanent Intermittent employees who want to continue receiving the cash option must re-enroll. If you have a FlexElect reimbursement account and want to participate again next year, you must re-enroll during open enrollment.

If you enroll in a FlexElect Reimbursement Account, FlexElect Cash Option, or CoBen Cash Option during the open enrollment period, or if you are automatically re-enrolled in the FlexElect/CoBen Cash Option, you have until December 31, 2013, to cancel your enrollment or make changes. To cancel your enrollment, please notify your personnel office.

Premiums are based on the number of dependents enrolled in your plan (see the premium rate charts on the following pages).

Please see your personnel office for information on health coverage.

DENTAL BENEFITS

Your dental plan options are listed on the following pages. Contact your personnel office for a brochure, list of participating dentists, and cost comparison, or call the dental plans directly. You may also obtain brochures and listings of participating dentists by accessing each plan's website at the addresses listed below.

Retroactive premiums for mandatory cancellations and/or deletions to your dental coverage will be reimbursed for a maximum period of six months. This limitation impacts all mandatory cancellations and/or deletions to your State-sponsored dental coverage. You may want to check your dental coverage enrollment through your personnel office and ensure that only eligible dependents are enrolled.

There will be a decrease in the total monthly premiums for both the Delta Premier and Delta Dental Preferred Provider Option (PPO) plans. The following charts show Delta's new dental premiums that are effective January 1, 2014.

Delta Dental Premier Basic Plan for Represented Employees:

Employee Basic Plan	Total Premium	State Share	Employee Share	Employee Share Decrease
Party Code 1	\$48.48	\$36.36	\$12.12	-\$1.45
Party Code 2	\$85.13	\$63.85	\$21.28	-\$2.84
Party Code 3	\$123.34	\$92.51	\$30.83	-\$4.29

Delta Dental Premier Enhanced Plan for Excluded Employees

Employee Enhanced Plan	Total Premium
Party Code 1	\$50.45
Party Code 2	\$99.94
Party Code 3	\$140.65

Delta Dental Preferred Provider Option (PPO) for Excluded and Represented Employees

Employee PPO Plan	Total Premium	State Share	Employee Share	Employee Share Decrease
Party Code 1	\$44.24	\$33.18	\$11.06	-\$.46
Party Code 2	\$86.64	\$64.98	\$21.66	-\$1.19
Party Code 3	\$130.69	\$98.02	\$32.67	-\$1.94

Prepaid Dental Plan Premiums

There will be no increase in premiums for prepaid dental benefits. The State will continue to pay 100 percent of the premium for employees not in CoBen. For employees in CoBen, the State's share and employee's share do not apply. Therefore, the total dental premium will be deducted from the monthly CoBen allowance on the January 1, 2014, pay warrant (December 2013 pay period). Prepaid dental plan premiums are as follows:

Employee Prepaid Plans	SafeGuard Standard	SafeGuard Enhanced	DeltaCare USA	Western Dental	Premier Access
Party Code 1	\$16.58	\$16.92	\$17.72	\$14.72	\$16.63
Party Code 2	\$26.86	\$28.63	\$29.07	\$24.29	\$26.94
Party Code 3	\$37.62	\$35.27	\$40.21	\$34.46	\$37.73

Union-Sponsored Dental Plans: Bargaining Units (BUs) 5 and 6

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members; however, members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) offers dental insurance to BU 6 employees who are CCPOA members or those who are under Fair Share. Employees in BUs 5 and 6 should contact their Benefit Trust for information on their union-sponsored dental plan premiums and benefits.

CONSOLIDATED BENEFITS

All excluded employees and employees represented in BUs 2, 7, 8, 16, 17, 18, and 19 are in CoBen. The State provides a benefit allowance to purchase health, dental, and vision benefits. If the total cost of the plans chosen is less than your CoBen allowance, you receive the difference as taxable income. If the total cost of the plans is more than your CoBen allowance, the difference is deducted from your pay warrant pre-taxed.

Employee CoBen Allowance Amounts and Dependent Vesting Criteria

Employees not previously eligible for health benefits under State civil service may be subject to dependent health vesting. Dependent health vesting provides employees a reduced employer health contribution toward dependent coverage during their first 12 or 24 months of service. Employees in Bargaining Units subject to a 12-month dependent vesting schedule will receive 75 percent of the employer contribution for health coverage during their first 12 months of service, and the full employer contribution after completing 12 months of service. Employees in Bargaining Units subject to a 24-month dependent vesting schedule will receive 50 percent of the employer contribution for dependent health coverage during their first 12 months of service, 75 percent during months 13 through 24, and the full employer contribution after completing 24 months of service.

BU 2 and 7 employees who first become eligible for health benefits on or after July 1, 2006, and BUs 16, 17, 18, and 19 employees who first become eligible for health benefits on or after January 1, 2007, are subject to a 12 or 24 month vesting schedule for the health portion of the employer benefit allowance for dependents.

The chart on the following page reflects the CoBen allowance amounts effective January 1, 2014, for employees in BUs 2, 7, 8, 16, 17, 18, and 19, and Excluded employees.

Please note that information in this section is subject to changes due to the fluid nature of collective bargaining.

2014 Employee Consolidated Benefits (CoBen) Allowances/Employer Health Contributions by Bargaining Unit								
Bargaining Unit	CoBen Allowance/Health Contribution							Dependent Health Vesting Schedule
	Single	2-Party			Family			
		50%	75%	100%	50%	75%	100%	
2	\$544	\$825	\$949	\$1,073	\$1,006	\$1,204	\$1,402	24 months
7	\$557	\$840	\$968	\$1,096	\$1,021	\$1,225	\$1,429	24 months
8	\$589	N/A	N/A	\$1,128	N/A	N/A	\$1,461	N/A
16	\$557	\$840	\$968	\$1,096	\$1,021	\$1,225	\$1,429	24 months
17	\$557	N/A	\$968	\$1,096	N/A	\$1,225	\$1,429	12 months
18	\$557	\$840	\$968	\$1,096	\$1,021	\$1,225	\$1,429	24 months
19*	\$557	\$840	\$968	\$1,096	\$1,021	\$1,225	\$1,429	24 months
Excluded	\$590	N/A	N/A	\$1,140	N/A	N/A	\$1,474	N/A

*Effective July 1, 2014, employees represented by BU 19 who first become eligible for health benefit enrollment or are receiving 50 percent of the employer contribution for dependent health coverage shall be subject to a 12-month dependent health vesting schedule. Employees will receive 75 percent of the employer contribution for dependent health coverage during the first 12 months of service and the full employer health contribution after completing 12 months of service.

Benefits Calculator

If you are going to make a change in your benefit choices during the open enrollment period, you may want to use the Benefits Calculator on CalHR's website, which will help you determine how much will be deducted or added to your pay warrant, based on which health and dental plans you choose. You simply click on your health and dental plan choices and how many dependents will be covered.

The Benefits Calculator is located at www.calhr.ca.gov (click on Employees, Benefits, and then Health).

CoBen Cash Option

The following rates will be effective January 1, 2014; however, the collective bargaining process is fluid and changes may be agreed to which alter these amounts. CalHR will notify departments if there are subsequent changes to these rates.

If you have health and dental coverage through another source, you may enroll in the CoBen Cash Option. These amounts are:

- \$155 a month in-lieu of health and dental coverage; or
- \$130 a month in-lieu of health coverage only.

To enroll in a CoBen Cash Option, complete a Consolidated Benefits (CoBen) Cash Enrollment Election (STD. 702) form during open enrollment. For details, refer to the 2014 CoBen handbook that will be available by Open Enrollment and can be downloaded from CalHR's website at www.calhr.ca.gov on the Consolidated Benefits page.

FLEXELECT

FlexElect Reimbursement Accounts

FlexElect offers reimbursement accounts that allow you to use pre-tax salary to pay for certain dependent care and/or medical care that is not covered by insurance. To enroll in a FlexElect Reimbursement Account, complete a Reimbursement Account Enrollment Authorization (STD. 701R) form during open enrollment. You must re-enroll into the Reimbursement Accounts each year.

The annual maximum FlexElect reimbursement amounts are:

- Medical Reimbursement Accounts - \$2,500 per participant.
- Dependent Care Accounts - \$5,000 per household.

The FlexElect handbook will be available by Open Enrollment for further details.

FlexElect Cash Option

If you have health and/or dental coverage through another source, you can opt for cash in-lieu of your State-sponsored benefit. The FlexElect Cash Option is \$128 a month for health and \$12 a month for dental. To enroll in FlexElect Cash Option, complete a Cash Option Enrollment Authorization (STD. 701C) form during open enrollment.

For details, refer to the 2014 FlexElect handbook that will be available by Open Enrollment and can be downloaded from CalHR's website at www.calhr.ca.gov.

VISION PROGRAM

The premium paid to Vision Service Plan (VSP) for basic vision coverage will remain at the rate of \$8.64 and will continue to be paid in full by the State. State employee basic vision coverage is automatically established for employees and their eligible dependents and no form is required to enroll, add, or delete dependents during open enrollment. Therefore, employees need to continue to ensure that only eligible dependents are provided services under their State-sponsored vision plan.

Premier Vision Plan

The Premier Vision Plan enables you to get a higher allowance for frames and contacts, fully covered progressive lenses, and more discounts. Eligible State employees (with the exception of rank and file BU 6 employees, (as their vision benefits are provided by their trust) may enroll in the Premier Vision Plan during open enrollment or based on an eligible permitting event.

You have the option to enroll one of three ways:

- Online at www.vsp.com/go/stateofcapremier. Complete the online enrollment form.
- Complete and mail the VSP enrollment form you will receive in the mail to:

VSP Vision Care
Attn: Client Administrative Services
PO Box 997100
Sacramento, CA 95899

- Call VSP directly at 1-800-877-7195 and speak with a member service representative.

Please Note: If you choose to upgrade to the Premier Vision Plan, basic vision coverage is cancelled; therefore, any dependents you wish to be covered must also be enrolled into the Premier Vision Plan. You cannot choose to enroll in both the Basic and Premier Vision Plan coverage at the same time, or split your enrollment leaving any dependents on the Basic Vision Plan.

There is no increase in the monthly premiums for the Premier Vision Plan. If you choose the Premier Vision Plan, the additional cost will be deducted directly from your State pay warrant. The State will continue to contribute \$8.64 towards the monthly premium. The premium rates are reflected in the following chart.

Premier Vision Plan Premiums

Coverage	Total Premium	State Share	Employee Share
Party Code 1	\$15.20	\$8.64	\$6.56
Party Code 2	\$21.76	\$8.64	\$13.12
Party Code 3	\$29.76	\$8.64	\$21.12

COBRA CONTINUATION COVERAGE

COBRA enrollees have the same rights as active employees to make allowable changes to their coverage during the annual open enrollment period. Specific instructions will be sent to all COBRA enrollees in dental and vision coverage by CalHR prior to the beginning of the open enrollment period.

To learn more about Dental, Vision, FlexElect, and CoBen or for questions regarding the 2013 Open Enrollment period, please contact your personnel office. You may also visit CalHR's website at www.calhr.ca.gov (click on Employees, then Benefits).

Your Dental and Vision Plan Options

Prepaid Plans

DeltaCare USA, SafeGuard, Premier Access and Western Dental

Prepaid plan services are provided by member dentists throughout California. These plans are not available outside of California.

You pay no monthly premiums, as they are paid in full by the State. You also have no deductibles or maximum annual benefit limits with these plans. Many services are provided at low or no cost to you. Enrollment in any of these plans requires you be assigned to one provider/facility. You may change dentists upon request and/or change plans if you move and your plan is no longer available. If you need emergency dental care and are outside of your service area (50 miles from your residence), you may go to any dentist for the relief of pain and be reimbursed up to \$400 per calendar year. For more information, or a list of member dentists, contact the plans at:

DeltaCare USA	1-800-422-4234	www.deltadentalca.org
SafeGuard	1-800-880-1800	www.safeguard.net
Premier Access	1-888-534-DHMO (3466)	www.socdhmo.com
Western Dental	1-866-859-7525	www.westerndentalbenefits.com/stateofca

Indemnity Plan

Delta Dental Premier - Group #9949

Delta Premier features full access to specialty care and guaranteed benefits through member dentists. Also, you may see any dentist worldwide and still be covered; however, your out-of-pocket costs may be higher. For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

Preferred Provider Option Plan

Delta Dental Preferred Provider Option (PPO) - Group #9946

PPO provides services through its network of participating dentists. You may also use non-PPO dentists worldwide; however, if you receive services outside of the PPO network, your out-of-pocket costs could be substantially higher. Please note that not all Delta Premier dentists are members of the PPO network; however, you can see the Delta dentist of your choice and still be covered.

Some of the differences between the Delta Premier plan and the Delta PPO plan are: The PPO dental plan treatment costs are based on a discounted fee agreement between Delta and the PPO provider. This fee agreement will result in lower out-of-pocket costs to you when you visit a PPO network dentist. Also, the maximum annual benefit available to dependents is \$2,000 when using a dentist who's a member of the PPO network, compared to a \$1,000 yearly maximum for dependents under Delta Premier basic plan. Additionally, the PPO plan offers a \$2,500 lifetime benefit for dental implants, and a third cleaning for high-risk patients. Generally, high-risk patients include pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as diabetes, AIDS, or endocarditis, and persons who have had organ transplants. Your

current dentist may be a PPO provider, so you may want to consider changing your coverage to the PPO plan to take advantage of this richer benefit.

For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

These are brief descriptions of the available dental plans. Please consult each plan's "Evidence of Coverage" brochure or call the plan for a more detailed explanation. You may also obtain brochures and listings of participating dentists by accessing each plan's website at the addresses listed above.

VISION

Basic Vision Plan

Benefits for eligible employees and their dependents include an eye exam, frames, and/or lenses once each calendar year. Medically necessary contact lenses are also fully covered. Benefits include an allowance of \$75 for frames or \$110 for elective contact lenses. A \$10 deductible for an eye exam and a \$25 deductible for materials (frames and/or lenses) are required at the time of the appointment.

Eligible employees are automatically enrolled in the State's Basic Vision Plan upon hire. The effective date is based on when the employee's personnel office processes the Personnel Action Request (PAR) document.

Premier Vision Plan

Employees may upgrade to the Premier Vision Plan for a monthly premium. The State contributes \$8.64, (the equivalent of the Basic Plan cost). The employee share of the premium is based on the party code (see attached chart). This benefit for eligible employees and their dependents includes an eye exam, frames, and/or lenses once each calendar year. An allowance of \$200 (\$110 allowance at Costco) is available for frames and/or lenses including bifocal, progressive and transition lenses which are fully covered. A \$10 deductible for an eye exam and a \$25 deductible for materials (frames and/or lenses) are required at the time of the appointment.

Eligible employees may enroll during open enrollment or within 60 days from the date of eligibility. The effective date of coverage is based upon when VSP receives the first monthly premium from the State Controller's Office. Employees wanting to enroll into the Premier Vision Plan must positively elect to enroll. Once enrolled into the Premier Vision Plan, the employee will be required to maintain their enrollment for a 12-month minimum enrollment period.

For more information about vision benefits, please contact Vision Service Plan (VSP) at 1-800-877-7195 or visit their website at www.vsp.com/go/stateofca.

**State-Sponsored Dental Plans
Benefit Cost Comparison**

The following chart provides a comparison of your costs for certain types of procedures. Please consult each dental plan's Evidence of Coverage brochure for detailed information and plan limitations.

Procedures	Delta Dental				SafeGuard DeltaCare USA Premier Access Western Dental	SafeGuard
	Premier Basic		Premier Enhanced	Preferred** Provider Option (PPO)	Standard	Enhanced* **
	Rank and File Employees	Dependents of Rank and File Employees	Excluded Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded Employees and Dependents
Diagnostic and Preventive Benefits (Two cleanings per 12 month period) *	0	0	0	0	0	0
Basic Benefits (Usual, Customary, and Reasonable)	10%	20%	10%	10%	0	0
Crowns	20%	50%	20%	20%	\$50	0
Bridges, Full & Partial Dentures	50%	50%	50%	40%	\$65 and up	0
Annual Deductible	\$50*	\$50*	\$25*	\$25*	No deductible	No deductible
Maximum Deductible	\$150 per family	\$150 per family	\$100 per family	\$100 per family	N/A	N/A
Orthodontia	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.	Delta will pay 50% up to a lifetime maximum of \$1,000 per adult and pay 50% up to a lifetime maximum of \$1,500 per child.	\$1,000 plus up to \$250 for start-up costs	\$1,000 plus up to \$250 for start-up costs
Annual Maximum	\$2,000	\$1,000	\$2,000	\$2,000	No Maximum	No Maximum
Implant Benefit	Not Available		Not Available	Delta will pay 50% up to a lifetime maximum of \$2,500	Premier Access and Western Dental <i>only</i> –This benefit is not available through DeltaCare or SafeGuard.	Not Available

* Diagnostic and Preventive Benefits are exempt from the deductible.

** The level of benefits and covered services reflected in the chart are based on services provided by a PPO Network dentist. The level of benefits and covered services provided by a non-PPO dentist are lower. Additionally, the PPO includes up to a \$2,500 lifetime benefit for dental implants and a 3rd cleaning for high-risk patients. High-risk patients include: pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as AIDS, diabetes, endocarditis, or persons who have had organ transplants.

*** The SafeGuard enhanced coverage provides for three cleanings per 12-month calendar year service period instead of the normal two cleanings. Excluded employees and their dependents have the enhanced coverage under SafeGuard. Rank and File employees and their dependents have the standard coverage under SafeGuard.

Your Basic Vision Plan Benefits Summary –			
Basic Vision Plan – The State of California contributes 100% of the State-sponsored Basic Vision Plan Premium*			
VSP Doctor Network: Vision Select			
VSP Members			
Your Coverage with VSP Doctors			
Benefit	Description	Copay	Frequency
WellVision Exam®	Focuses on your eye and overall wellness	\$10	Once every calendar year
Prescription Glasses			
Frame	\$75 allowance	\$25	Once every calendar year
Lenses	Single vision, lined bifocal, and lined trifocal		
Covered Lenses Options	Tints/photochromic lenses - Transitions	\$0	
Contacts (instead of glasses)	\$110 allowance for contacts and contact lenses exam (fitting and evaluation) 15% off contact lenses exam (fitting and evaluation)		
Extra Discounts and Savings	Laser Vision Correction Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities.		
Employee Monthly Contribution	\$0.00.....Employee only \$0.00.....Employee + one dependent \$0.00.....Employee + two or more dependents		
Prescription Glasses			
Under this State-sponsored plan, VSP guarantees service from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and the State's contract with VSP, the terms of the contract will prevail.			

*State contribution is \$8.64/month.

Your Premier Vision Plan Benefits Summary –			
Premier Vision Plan – The State of California contributes a portion of the State-sponsored Premier Vision Plan Cost*			
VSP Doctor Network: Vision Choice			
VSP Members			
Your Coverage with VSP Doctors or Costco*			
Benefit	Description	Copay	Frequency
WellVision Exam®	Focuses on your eye and overall wellness	\$10	Once every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$200 allowance for wide selection of frames • 20% off over your allowance • \$110 allowance for Costco 	\$25	Once every calendar year
Lenses	Single vision, lined bifocal, and lined trifocal		
Covered Lenses Options	Tints/photochromic lenses - Transitions	\$0	
	Polycarbonate lenses	\$0	
	Progressive lenses	\$0	
	Average 20%-25% off other lenses options		
Contacts (instead of glasses)	\$200 allowance for contacts and contact lenses exam (fitting and evaluation) 15% off contact lenses exam (fitting and evaluation)		
Extra Savings and Discounts			
Glasses and Sunglasses			
20% off additional glasses and sunglasses, including lenses options, from any VSP doctor. See your provider for more detail.			
Laser Vision Correction			
Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities.			
Employee Monthly Contribution			
\$ 6.56.....Employee only			
\$13.12..... Employee + one dependent			
\$21.12.....Employee + two or more dependents			
Coverage with Costco may be different. Coverage with Costco is available only with the Premier Vision Plan. Once your benefit is effective, visit vsp.com for details.			
The employee monthly contribution reflects your share of the Premier Vision Plan premium. The State contributes the equivalent of the Basic Vision Plan premium to cover the remainder of the Premier Vision Plan premium.			
VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.			

*State contribution is \$8.64/month.



**Benefits and Training Division
Dental and Vision Plan Premiums Effective January 1, 2014**

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>1 Party</u>	<u>Monthly Premium 2 Party</u>	<u>3 Party</u>
<u>State-Sponsored Dental Plans</u>					
Delta Dental P.O. Box 429086 San Francisco, CA 94142 1-800-225-3368	9949-Excluded (DeltaPremier) 9949-Rank and File (DeltaPremier) 9946-Excluded and Rank and File (PPO)	351-008 351-007 351-018	\$50.45 \$48.48* \$44.24**	\$99.94 \$85.13* \$86.64**	\$140.65 \$123.34* \$130.69**
Safeguard 5 Park Plaza, Suite 1900 Irvine, CA 92614 1-800-880-1800	SOC Standard Plan SOC Enhanced Plan Parent Group Number - 0142579	351-016 351-015	\$16.58 \$16.92	\$26.86 \$28.63	\$37.62 \$35.27
DeltaCare USA PO Box 1803 Alpharetta, GA 30023 1-800-632-8555	2003	351-009	\$17.72	\$29.07	\$40.21
Premier Access 8890 Cal Center Drive Sacramento, CA 95826 1-888-534-3466	12700	351-020	\$16.63	\$26.94	\$37.73
Western Dental 530 South Main Street, 6th Floor Orange, CA 92868 1-866-859-7525	2140352	351-025	\$14.72	\$24.29	\$34.46

State-sponsored Delta Dental plans – Employee share

*Employee Share: 1 Party - \$12.12 / 2 Party - \$21.28 / 3 Party - \$30.83

**Employee Share: 1 Party - \$11.06 / 2 party - \$21.66/ 3 Party - \$32.67

Union Sponsored Dental Plans

CAHP/Blue Cross (R05)	336817-A	351-013	\$ 47.47***	\$ 83.06***	\$121.19***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	\$114.00****	\$114.00****	\$114.00****
CCPOA/Western Dental (R06)	Prepaid	351-249	\$114.00****	\$114.00****	\$114.00****
CCPOA/Primary Dental (S06, M06, E06, C06)	Fee-For-Service	351-246	\$37.00*****	\$79.00*****	\$135.00*****

*** CAHP Employee Share: 1 Party - \$11.11 / 2 Party - \$19.21 / 3 Party - \$28.68

**** CCPOA Employee Share: R06 – Western Dental - \$44.94 CCPOA Primary – \$44.94

***** CCPOA Employee Share: S06,M06,E06,C06– CCPOA Primary – Total Premium Deducted From CoBen Allowance

(R05 Employee share for the Delta Premier Plan is 1 Party - \$12.12 / 2 Party - \$21.28 / 3 Party - \$30.83 and to be determined for the PPO plan).

(Under CoBen the total premium is deducted from the benefit allowance).

(The dental/vision premiums above do not include the administrative fee of \$1.69/mo.)

State-Sponsored Vision Plan

Vision Service Plan	12020000	475-001-Non-CoBen	\$8.64	\$8.64	\$8.64
3333 Quality Drive		475-002-CoBen	\$8.64	\$8.64	\$8.64
Rancho Cordova, CA 95670					
1-800-877-7195	30034581	361-475-Premier Plan	\$15.20	\$21.76	\$29.76

State-sponsored Premier Vision Plan – Employee Share: 1 Party - \$6.56 / 2 Party - \$13.12 / 3 Party - \$21.12

**California Department of Human Resources
Benefits and Training Division**

**COBRA Group Continuation Coverage
Dental Plan Monthly Premiums Effective January 1, 2014**

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental Mail STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$54.79	\$108.84	\$153.30
	Basic	Rank and File employees	\$52.64	\$92.67	\$134.40
	Basic	Eligible dependents of Rank and File employees	\$51.61	\$90.85	\$131.77
	PPO	Excluded & Rank and File employees and their eligible dependents	\$48.01	\$94.31	\$142.43
SafeGuard Health Plans Attn: SOC COBRA Billing P.O. Box 13724 Philadelphia, PA 19101-3724 1-800-880-1800	Standard	Rank and File employees and their eligible dependents	\$16.91	\$27.40	\$38.37
	Enhanced	Excluded employees and their eligible dependents	\$17.26	\$29.20	\$35.98
DeltaCare USA Mail STD 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Standard	Excluded & Rank and File employees and their eligible dependents	\$18.07	\$29.65	\$41.01
Premier Access 8890 Cal Center Drive Sacramento, CA 95826 Attn: COBRA UNIT 1-888-534-3466	Standard	Excluded & Rank and File employees and their eligible dependents	\$16.96	\$27.48	\$38.48
Western Dental 530 South Main Street, 6 th Floor Orange, CA 92868 Attn: COBRA UNIT 1-866-859-7525	Standard	Excluded & Rank and File employees and their eligible dependents	\$15.01	\$24.78	\$35.15

California Department of Human Resources
Benefits and Training Division

COBRA Group Continuation Coverage
Vision Plan Monthly Premiums Effective January 1, 2014

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Vision Service Plan P.O. Box 997100 Sacramento, CA. 95899-7100 Attn: COBRA UNIT 1-800-852-7600 Ext: 4636	Basic	Excluded & Rank and File employees and their eligible dependents	\$8.81	\$8.81	\$8.81
Vision Service Plan P.O. Box 997100 Sacramento, CA. 95899-7100 Attn: COBRA UNIT 1-800-852-7600 Ext: 4636	Premier	Excluded & Rank and File employees and their eligible dependents (with the exception of BU 6 employees; their vision benefits are provided through CCPOA Health Benefits Trust)	\$15.50	\$22.20	\$30.36

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. These premium rates are 102% of current gross premiums.